Vol. 29, No. 2, 2025, Pages 133-149

Thi-Qar Medical Journal (TQMJ)

Thi-Qar Medical Journal was established in 2006 and is published by the College of Medicine, University of Thi-Qar, Iraq

ISSN (PRINT): 1992-9218 | ISSN (ONLINE): 3006-4791

www.jmed.utq.edu.iq utjmed@utq.edu.iq

Assessment of Psychological and sociological health issues and associated factors among female students: a A Cross-Sectional Study

Sanarya Hassan Yousif [1*], Sanaa Hassan Abdul Sahib [2*]

1 Sanarya Hassan Yousif; Department of Community Health Nursing, College of Nursing, University of Raparin, Sulaymaniyah, Iraq.

2 Sanaa Hassan Abdul Sahib; Department of Community Health Nursing, College of Nursing, University of Raparin, Sulaymaniyah, Iraq.

Corresponding Author Email: (Sanaryahassan486@gmail.com)

Received: 20-5-2025
Revised: 23-6-2025
Accepted: 17-7-2025
DOI:
10.32792/jmed.2025.29.33

Keywords:
teenage girls
psycological health
social health
associated factors
How to cite

Sanarya Hassan Yousif 1, Sanaa Hassan Abdul Sahib 2. Assessment of Psychological and sociological health issues and associated factors among female students: A Cross-Sectional Study. *Thi-Qar Medical Journal (TQMJ)*. 2025;Volume(29):133-149.

Abstract

female students frequently encounter psychological and sociological difficulties, including anxiety, depression, stress, pressure from peers, and social isolation. This concern can have an impact on their well-being and academic performance. to identify sociodemographic characteristics, to determine the psychological and social health issues among female students, to assess the main factors influenced teenagers health issues, and to find out the association between some of sociodemographic characteristics, psychological and social health issues and associated factors. A quantitative, cross-sectional study design was conducted at Qaladze primary and secondary schools, from 15 December 2024 to 16 March 2025. Data were collected using a constructed questionnaire developed based on a review of relevant literature. The questionnaire was validated by 17 professional experts in related fields and the questionnaire had a reliability coefficient of r = 0.75. A total of 400 female students participated in this study the mean age of the participants was 16.37 years. The majority lived in nuclear households(82%) and urban areas (93%), with (77.5%) reporting sufficient income level. Psychological difficulties were widespread, with 42.5% reporting eating discomfort, 24.3% experienced sleep disorders, and considering self-harm. Emotional discomfort was substantial y associated with dissatisfaction with body image particularly weight, and skin, as well as perceived pressure from parents, friends, society, and media(P,0.05). negative life events such as parental neglect, family strife, and verbal bullying all been linked to sociological difficulties. The multivariate analysis revealed dissatisfaction with weight (aOR=2.137), parental (aOR=3.874), and society pressure (aOR=2.766) are independent predictors of psychological discomfort. Parental neglect (aOR=5.390), older age (aOR=1.366), and lower levels of parental education (aOR=0.286) all substantially predicted sociological distress. psychological issues were associated with body image dissatisfaction and external pressures, whereas sociological distress was prevalent even in the absence of significant adversities, underscoring the influence of emotional support and familial communication on the well-being of female students.

1.Introduction

Adolescence is the phase between childhood and adulthood in which physical and psychological changes occur. In addition, society's expectations and perceptions of adolescents alter dramatically. Sexual maturation as a result of physical growth and development leads to the formation of intimate relationships among adolescents.in addition to physical and sexual growth, thinking evolves from abstract to concrete, and emotional maturity is required for self-awareness of societal expectations (1).

Adolescence is a critical period for developing lifelong health practices and attitudes, making it critical to address the specific health challenges that teenage females experience (2). Teenagers account for around 1.2 billion, or 18% of the global population (3). Psychological health concerns are common among female teenagers, with mental health illnesses like depression and anxiety being particularly worrying. Approximately 20% of adolescents experience depression by the age of 17, with girls diagnosed at double the rate of boys (4).Furthermore, eating disorders have arisen as a crucial concern, affecting 5.5% to 17.9% of young women by the time they reach early adulthood, with a significant increase in frequency among girls aged 15-19 (5). Adolescents experience a variety of health hazards as a result of their living conditions; bullying, peer pressure, and social isolation are common social health concerns among female teenagers, all of which have a negative impact on their health. Studies suggest that up to 35% of adolescent girls reported being victims of bullying, with cyberbullying affecting roughly 15-20% globally (6). Furthermore, adolescence is a period of risk-taking, and harmful habits can have long-term consequences for health. Furthermore, adolescence is regarded as a period of contradictions; in fact, it is the healthiest stage of the entire lifespan (in terms of psychophysical parameters) while also determining one-third of the overall disease burden of adulthood. Interestingly, accumulating data suggests that adolescence is a dynamic and flexible period of knowledge and adaptation to target health interventions, so that adolescents can make healthy lifestyle choices to improve their well-being (7).

2.Methodology and Approaches

2.1. Study design and ethical approval

The recent study was conducted by applying quantitative design, a cross-sectional approach that is investigating the objective of the study which is the assessment of common health issues among female teenagers and associated factors. That was conducted on November 1st, 2024 at Qaladze primary and secondary schools. Stratification was carried out by school type, grade level, and geographic region to ensure diverse representation among subgroups. This design allowed for continuous data collection to identify patterns and associations related to the physical, mental, and social well-being of the target population.The proposal was approved by the scientific committee and research ethical committee at the college of nursing/University of Raparin. However, official permission was obtained from Pshdar director of education through an official latter that was sent from the college of nursing/ university of Raparin, as well. The study was conducted after cooperation with primary and secondary schools through an official letter that was sent from the college of nursing/University of Raparin.

2.2. Sampling Technique and Sample Size Determination

A probability-based stratified random sampling technique was employed to ensure representative inclusion of female students from both primary and secondary schools in Qaladze City. The total student population (N = 3,426) was divided into strata based on educational level (primary and secondary). From each stratum, a proportional number of students was randomly selected, ensuring that each student within a stratum had an equal chance of being included in the study. As a result, total sample size of 346 participants was obtained. The use of probability sampling helped reduce sampling bias and ensured that health issues could be assessed across different educational stages with appropriate representation.

2.3. Data collection and study instrument

To collect proper information to the objective of this study, a questionnaire was constructed which was designed after an invasive review of the various literature source to measure the assessment of common health issues among female teenagers and associated factors.

Furthermore, more open and closed-ended questioner involving yes-no (dichotomous scale) and multiple-choice question, were included to make appropriate questionnaires, it was prepared in English language and translated to Kurdish language. Questionnaires contain questions related to two important aspects which involve socio-demographic features and psychological and sociological health issues and associated factors which are mentioned in the subsequent parts:

I. Part one is about socio-demographic characteristics of the study sample including age, body mass index, family type, place of residence, financial status, parental education levels, and occupations (8 items).
II. Part two is about psychological and emotional issues such as eating disorders, sleep disturbance, anxiety, depression, social withdrawal, suicidal ideation, and body comparison on social media (12 items).
III. Part three contains social health issues, this part evaluates the influence of peer relationships, family support, and social interactions within the school (3 items).
IV. Part four contain psychological contributing factors that examines self-image satisfaction, emotional pressure from parents, peers, and society, and mental stress caused by social media (6 items).
V. Part five comprise educational and social factors that assesses the impact of family violence, neglect, economic instability, verbal and physical abuse, cyberbullying, and the effect of school overcrowding on student health (10 items).

2.4. Validation, reliability, and statistical data analysis

The validity of the recent study instrument is assessed by a panel of 25 specialists to establish the sufficiency, relevance, and validity of the questionnaire in order to achieve the study's objectives. Out of the 27 experts, 17 provided detailed feedback during the period between October 18 to November 1, 2024. Experts' suggestions and opinions were taken into consideration, and some minor components were changed to be suitable for this study based on their insightful recommendations.

2.5. Statistical Analysis

In this study internal consistency reliability was determined by Applying the computation of Cronbach alpha correlation coefficient through application (SPSS) software which is operated based on a formula: On the basis of the pilot study the outcome which was performed on 17 samples Cronbach alpha correlation was (0.75), the result was statistically sufficient to become reliable in this study**.**

3. Results

Table (1): sociodemographic characteristic of the participants (N0. 400)

Variables	Items	F	%
Family type	Nuclear	328	82.0
	Extended	65	16.3
	Others	7	1.8
Residential area	Urban	372	93.0
	Suburban	13	3.3
	Rural	15	3.8
Income level	Suffiicient	310	77.5
	Barely sufficient	69	17.3
	Insufficient	21	5.3
Fathers level of education	Unable to read and write	43	10.8
	Able to read and write	35	8.8
	primary school graduate	167	41.8
	secondary school graduate	62	15.5
	institute graduate	36	9.0

Variables	Items		F	%
	university graduate		43	10.8
	post graduate		14	3.5
Mothers level of education	Unable to read and write		123	30.8
	Able to read and write		42	10.5
	Primary school graduate		139	34.8
	secondary school graduate		39	9.8
	institute graduate		28	7.0
	university graduate		20	5.0
	post graduate		9	2.3
Father's occupational status	Government employee		203	50.7
	Private- Emplyee		5	1.3
	Self-Employee		169	42.3
	Student		1	.3
	Out of work(jobless)		22	5.5
Mother's occupational status	Government employee		55	13.8
	Private- Employee		1	.3
	Self-Employee		6	1.5
	Student		1	.3
	House wife		337	84.3
	∧	∨	M	SD
Age	13	19	16.37	1.62
Height	139	176	159.9	6.39
Weight	30	89	55.65	10.12
f: frequency; %: percentage; ∧: minimum; ∨: maximum; M: mean; SD: standard deviation				

The results of table 3.1 present the sociodemographic characteristics of the participants in this study. A comprehensive analysis of the data reveals that the mean age of the participants was 16.37±1.62 years. The mean average of their height was 159.9±6.39cm and their weight mean average was 55.65±10.12 kg. An examination of family distribution indicated that the majority of participants 82% reported having a nuclear family structure. Additionally, most participants 93% resided in urban areas. Moreover, a significant proportion of participants 77.5% reported having a sufficient economic status. Approximately 41.8%of their fathers' and 34.8% of their mothers' level of education was graduated from primary school.

The figure 3.1 revealed that the majority of the participants in the present study were from class eleven 29.5% and minimum rate were from class eight 9.5%.

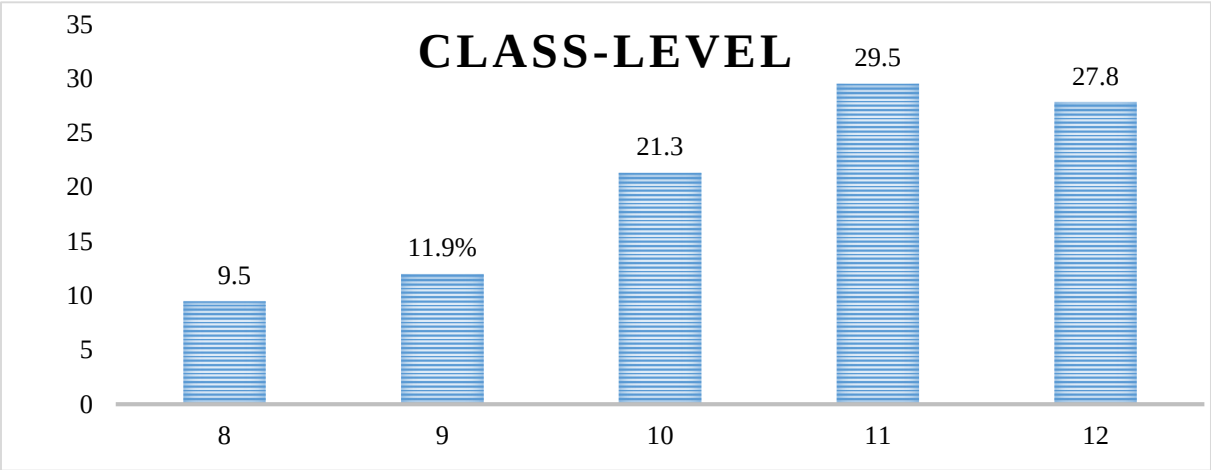

Figure 3.1: participants distribution according to their class-level (No. 400)

Table 3.2 Psychological issues response distribution of the participants in the present study (No. 400)

Variables	Yes	No
	No. (%)	No. (%)
Diagnosed with eating disorder	67 (16.8)	333 (83.3)
Feels uncomfortable/concerned after eating	170 (42.5)	230 (57.5)
Diagnosed with sleep disorder	97 (24.3)	303 (75.8)
Suffer from insomnia	77 (19.3)	323 (80.8)
Suffer from nightmares	116 (29)	284 (71)
Suffer from nucturia	36 (9)	364 (91)
Suffer from mood swing	142 (35.5)	258 (64.5)
Compare yourself on social media	131 (32.8)	269 (67.3)
Thought of harming your self	152 (38)	248 (62)
Talked to friends about this thought	43 (10.7)	357 (89.3)
Talked to family member about this thought	20 (5)	380 (95)
Talked to a teacher about this thought	4 (1)	396 (99)

	Never No. (%)	Sometimes No. (%)	Always No. (%)
Feeling sad	19 (4.8)	282 (70.5)	99 (24.8)
Feeling worried about the future	53 (13.3)	188 (47)	159 (39.8)
Feeling of lonely or isolated	94 (23.5)	214 (53.5)	92 (23)

No.: number; %: percentage

Table 3.2 indicated that 83.3% of the participants reported a diagnosis of an eating problem, whereas 57.5% experienced discomfort after eating. Subsequently, the majority, 75.8%, did not have sleep disorders, 80.8% were free from insomnia, 71% did not suffer from nightmares, and 91% did not exhibit nocturia. 64.5% of the participants did not experience mood fluctuations. The people who participated, 67.3% did not engage in self-comparison on social media, 62% weren't thinking about self-harm, and 89.3%, 95%, and 99% said that they did not discuss their thoughts with friends, family, or instructors, respectively. Moreover, 70.5% sometimes experienced sadness, 47% expressed worry over the future, and 53.3% reported feelings of loneliness or isolation.

Table 3.3 Social issues response distribution of the participants in the present study (No. 400)

Variables	Yes	No
	No. (%)	No. (%)
Supportive friends or trusted person can talk	294 (73.5)	106 (26.5)
Do your peers have negative influence on you	168 (42)	232 (58)

	Very supportive No. (%)	Neutral No. (%)	Very conflicted No. (%)

Relationship with family	192 (48)	183 (45.8)	25 (6.3)
No.: number; %: percentage			

Table 3.3 demonstrated that the majority of participants, 73%, had a friend or trusted individual they could trust in, however 58% said that their peers did not have an undesirable effect on them. Ultimately, 48% of the participants said that their families are very supportive.

Table 3.4 psychological and social influence factors response distribution of the participants in the present study (No. 400)

Variables	Yes	No
	No. (%)	No. (%)
Satisfaction with current body image	233 (58.3)	167 (41.7)
satisfied with skin	80 (20)	320 (80)
satisfied with nose	97 (24.3)	303 (75.7)
satisfied with height	35 (8.8)	365 (91.2)
satisfied with weight	69 (17.3)	331 (82.7)
Feeling overwhelmed by parental influence	97 (24.3)	303 (75.8)
Feeling overwhelmed by society influence	168 (42)	232 (58)
Feeling overwhelmed by peer preasure	76 (19)	324 (81)
Feeling overwhelmed by media influence	37 (9.3)	363 (90.7)
Experienced domestic violence	54 (13.5)	346 (86.5)
Experienced family conflict	82 (20.5)	318 (79.5)
Experianced parental neglect	75 (18.8)	325 (81.2)
Experienced financial instability	94 (23.5)	306 (76.5)
Experienced physical bullying	109 (27.3)	291 (72.7)
Experienced verbal bullying	192 (48)	208 (52)
Experianced cyberbullying	28 (7)	372 (93)
Experienced social exclusion	66 (16.5)	334 (83.5)
Crowds in class affect your health	341 (85.3)	59 (14.8)
%: percentage; ∧: minimum; ∨: maximum; M: mean; SD: standard deviation		

Table 3.4 revealed that 58.3% of the individuals expressed satisfaction with their present body image. 80% expressed satisfaction with their complexion, 75.5% with their nose, 91.2% with their hair and height, and 82.7% with their weight. Most participants, 75.8%, did not see parental influence as overwhelming, 58% didn't

feel similarly about societal impact, 81% did not see i peer pressure influence as overwhelming, and 90.7% did not see media influence as overwhelming. The majority of participants, 86.5%, did not experience domestic violence; 79.5% did not encounter family conflict; 81.2% were not subjected to parental neglect; 76.5% reported financial stability; 72.7% were not victims of physical bullying; 52% did not experience verbal bullying; 93% were not affected by cyberbullying; and 83.5% did not face social isolation. Furthermore, 85.3% said that classroom crowding impact their health.

Table 3.5: Association between sociodemographic characteristics and health issues (N0.400).

Sociodemographic		Psychological problems		Sociological problems	
		Low No. (%)	High No. (%)	Low No. (%)	High No. (%)
Educational levels					
Class 1		21 (12.0)	17 (6.8)	21 (9.4)	17 (9.6)
Class 2		26 (11.5)	22 (12.5)	27 (12.1)	21 (11.9)
Class 3		44 (24.0)	41 (18.2)	54 (24.2)	31 (17.5)
Class 4		68 (26.4)	50 (32.8)	65 (29.1)	53 (29.9)
Class 5		68 (26.0)	43 (29.7)	56 (25.1)	55 (31.1)
X^2/F	P value	1.983	0.739	3.379	0.497
Family type					
Nuclear		189 (84.1)	139 (79.7)	184 (82.5)	144 (81.4)
Extended		37 (14.9)	28 (17.7)	34 (15.2)	31 (17.5)
Other		1 (1.0)	6 (2.6)	5 (2.2)	2 (1.1)
X^2/F	P value	0.115*	0.073	0.051*	0.599
Residential area					
Urban		212 (93.3)	66 (92.7)	205 (91.9)	167 (94.4)
Sub Urban		8 (3.4)	5 (3.1)	7 (3.1)	6 (3.4)
Rural		7 (3.4)	8 (4.2)	11 (4.9)	4 (2.3)
X^2/F	P value	0.751	0.687	0.070*	0.375
Income level					
Sufficient		182 (83.2)	128 (71.4)	178 (79.8)	132 (74.6)
Barely sufficient		35 (13.0)	34 (21.9)	36 (16.1)	33 (18.6)
Insufficient		10 (3.8)	11 (6.8)	9 (4.0)	12 (6.8)
X^2/F	P value	2.219	0.330	2.123	0.346
Fathers level of education					
Unable to read and write		24 (33.2)	19 (28.1)	21 (9.4)	22 (12.4)
Able to read and write		19 (12.0)	16 (8.9)	17 (7.6)	18 (10.2)
Primary school		93 (29.3)	74 (40.6)	101 (45.3)	66 (37.3)
Secondary school		39 (10.6)	23 (8.9)	35 (15.7)	27(15.3)
Institue graduate		18 (7.7)	18 (6.3)	17 (7.6)	19 (10.7)
University graduate		26 (5.3)	17 (4.7)	27 (12.1)	16 (9.0)
Post graduate		8 (1.9)	6 (2.6)	5 (2.2)	9 (5.1)
X^2/F	P value	2.046	0.915	7.294	0.295
Mothers level of education					
Unable to read and write		73 (32.2)	50 (28.9)	75 (33.6)	48 (27.1)
Able to read and write		25 (11.0)	17 (9.8)	17 (7.6)	25 (14.1)
Primary school		73 (32.2)	66 (38.2)	76 (34.1)	63 (35.6)
Secondary school		22 (9.7)	17 (9.8)	22 (9.9)	17 (9.6)
Institue graduate		15 (6.6)	13 (7.5)	17 (7.6)	11 (6.2)
University graduate		13 (5.7)	7 (4.0)	12 (5.4)	8 (4.5)
Post graduate		6 (2.6)	3 (1.7)	4 (1.8)	5 (2.8)
X^2/F	P value	0.079*	0.867	0.125*	0.391
Fathers' occupational status					
Government employee		117 (51.5)	86 (49.7)	111 (49.8)	92 (52.0)
Private employee		3 (1.3)	2 (1.2)	3 (1.3)	2 (1.1)
Self-employee		94 (41.4)	75 (43.4)	93 (41.7)	76 (42.9)
Student		1 (0.4)	0 (0.0)	1 (0.4)	0 (0.0)
Out of work (Jobless)		12 (5.3)	10 (5.8)	15 (6.7)	7 (4.0)
X^2/F	P value	0.049*	0.913	0.076	0.674
Mothers' occupational status					

Government employee		32 (14.1)	23 (13.3)	29 (13.0)	26 (14.7)
Private employee		0 (0.0)	1 (0.6)	1 (0.4)	0 (0.0)
Self-employee		4 (1.8)	2 (1.2)	5 (2.2)	1 (0.6)
Student		1 (0.4)	0 (0.0)	1 (0.4)	0 (0.0)
Out of work (Jobless)		190 (83.7)	147 (85.0)	187 (83.9)	150 (84.7)
X^2/F	P value	0.077*	0.666	0.096	0.455
		R	P	R	P
Age		-0.092	0.065	0.099	0.048
Height		0.014	0.775	-0.035	0.487
Weight		-.0028	0.570	-0.004	0.931

The results of table 3.5 shows the association between participants sociodemographic characteristics in the present study and psychological and social sub scales. there were a direct and significant correlations between the mean scores of physiological problems of the respondents and their age (P=0.002) and weight (P=0.016). The mean score of psychological problems were 6.09±3.02, and the mean scores of sociological problems were 1.42±1.00. As a result, cut point for all sub scales determined based on mean and standard deviation depending on scanned case. With score of below the mean score indicating having low problems, and more than the mean score indicating having high problems. A high psychological and sociological problems didn't associate with any of the sociodemographic characteristics. Also, the findings demonstrate that there were diverse and non-significant correlations between the mean scores of psychological problems and their age and weight (P>0.05). Moreover, there were direct and significant correlations between sociological problems mean scores and participants age (P=0.048). Finally, there were inverse and non-significant correlations between sociological problems mean scores and their height and weight (P>0.05).

Table 3.6: association between some factors and psychological health issues (No.400).

Sociodemographic	**Psychological problems**		***X²/F***	**P value**
	Low No. (%)	**High No. (%)**		
Satisfaction with current body image				
Yes	152 (67.0)	81 (46.8)	16.374	<0.001
No	75 (33.0)	92 (53.2)		
satisfied with skin				
Yes	36 (15.9)	44 (25.4)	5.625	0.018
No	191 (84.1)	129 (74.6)		
satisfied with nose				
Yes	42 (18.50)	55 (31.8)	9.439	0.002
No	185 (81.5%)	118 (68.2)		
satisfied with height				
Yes	14 (6.2)	21 (12.1)	4.384	0.036
No	213 (93.8)	152 (87.9)		
satisfied with weight				
Yes	23 (10.1)	46 (26.6)	18.629	<0.001
No	204 (89.9)	127 (73.4)		
Feeling overwhelmed by parental influence				
Yes	34 (15.0)	63 (36.4)	24.564	<0.001
No	193 (85.0)	110 (63.6)		
Feeling overwhelmed by society influence				
Yes	72 (31.7)	96 (55.5)	22.778	<0.001
No	155 (68.3)	77 (44.5)		
Feeling overwhelmed by peer pressure				
Yes	34 (15.0)	42 (24.3)	5.517	0.019
No	193 (85.0)	131 (75.7)		
Feeling overwhelmed by media influence				
Yes	13 (5.7)	24 (13.9)	7.761	0.005
No	214 (94.3)	149 (86.1)		
No.: number; %: percentage; R: Correlation Coefficient; P: p value; X^2: chi square; F: Fisher exact test				

The table 3.6 shows that high psychological problems of participants were associated with satisfaction with current body image, skin, nose, height, and weight (P= <0.001, 0.018, 0.002, 0.036 and <0.001, respectively). Also, it associated with feeling overwhelmed by parental influence, society influence, peer pressure, and media influence (P= <0.001, <0.001, 0.019 and 0.005, respectively). High levels of psychological problems were among participants who didn't satisfy with their current body image (53.2%), didn't satisfied with their skin (74.6%), didn't satisfied with their nose (68.2%), didn't satisfied with their hair (85.5%), didn't satisfied with their height (87.9%), and didn't satisfy with their weight (73.4%). Furthermore, high levels of psychological problems associated with feeling overwhelmed by parental influence (63.6%), feeling overwhelmed by society influence (68.3%), feeling overwhelmed by peer pressure influence (75.7%), and feeling overwhelmed by media influence (86.1%).

Table 3.7: association between some factors and sociological health issues (No.400).

Factors	Sociological problems		X^2/F	P value
	Low No. (%)	High No. (%)		
Experienced domestic violence				
Yes	21 (9.4)	33 (18.6)	7.194	0.007
No	202 (90.6)	144 (81.4)		
Experienced family conflict				
Yes	29 (13.0)	53 (29.9)	17.373	<0.001
No	194 (87.0)	124 (70.1)		
Experienced parental neglect				
Yes	18 (8.1)	57 (32.2)	37.720	<0.001
No	205 (91.9)	120 (67.8)		
Experienced financial instability				
Yes	42 (18.8)	52 (29.4)	6.103	0.013
No	181 (81.2)	125 (70.6)		
Experienced physical bullying				
Yes	46 (20.6)	63(35.6)	11.148	0.001
No	177 (79.4)	114 (64.4)		
Experienced verbal bullying				
Yes	93 (41.7)	99 (55.9)	8.003	0.005
No	130 (58.3)	78 (44.1)		
No.: number; %: percentage; R: Correlation Coefficient; P: p value; X^2: chi square; F: Fisher exact test				

The table 3.7 shows that high sociological problems of participants were associated experiencing domestic violence, family conflict, parental neglect, financial instability, physical bullying, verbal bullying, and social exclusion (P= 0.007, <0.001, <0.001, 0.013, 0.001, 0.005, and 0.035, respectively). High levels of sociological problems were among participants who didn't experiencing domestic violence (81.4%), family conflict (70.1%), parental neglect (67.8%), financial instability (70.6%), physical bullying (64.4%), however, it high among participants who experienced verbal bullying (55.95%).

Table 3.8. Assess the main factors influenced with teenager's psychological health issues (No. 400).

Items	Univariate analysis				Multivariate analysis			
	OR	95% CI		p	OR	95% CI		p
Class-level (Class 5+ vs. others)								
Class 1	2.048	.494	8.482	.323	1.762	.744	4.176	.198
Class 2	1.369	.399	4.697	.617	1.633	.742	3.596	.223
Class 3	1.647	.703	3.863	.251	1.847	.961	3.550	.066
Class 4	1.540	.772	3.071	.220	1.470	.806	2.680	.209
Family type (Others Vs. nuclear and extended)								
Nuclear	.184	.019	1.809	.146	.184	.020	1.663	.132
Extended	.154	.015	1.596	.117	.156	.016	1.481	.106

Unsatisfied with weight (No Vs. yes)								
Yes	3.040	1.332	6.941	.008	2.137	1.164	3.924	.014
Feeling overwhelmed by parental influence (No Vs. yes)								
Yes	4.243	2.312	7.786	<0.001	3.874	2.275	6.598	<0.001
Feeling overwhelmed by Society's influence (No Vs. yes)								
Yes	3.133	1.888	5.199	<0.001	2.766	1.743	4.389	<0.001
Feeling overwhelmed by Media influence (No Vs. yes)								
Yes	1.916	.772	4.754	.161	1.792	.776	4.141	.172
Hight (scale)	1.030	.986	1.075	.183	1.023	.987	1.060	.218
OR: odds ratio; aOR: adjusted odds ratio; CI: confidence interval; vs.: versus								

The Table 3.8 shown, the univariate ordinal logistic regression revealed the factors that were significantly associated with high psychological health issues, which were; unsatisfied with weight compared with satisfied with weight (OR: 3.040). Also, the results showed that the factors that were significantly associated with a high levels of psychological health issues, which were; Feeling overwhelmed by parental influence compared with not felt overwhelmed by parental influence (OR: 4.243). Finally, the results showed that the factors that were significantly associated with high levels psychological health issues were feeling overwhelmed by society's influence compared to not feeling overwhelmed by society's influence (OR: 3.133). However, the results of the multivariate ordinal logistic regression analysis showed that unsatisfying with hair had a higher risk of having high psychological health issues compared to participants that satisfying with hair (aOR: 3.328; 95% CI: 1.417- 7.816). Furthermore, participants who unsatisfying with weight compared with the participants who satisfying with weight had a higher chance of having high risks of psychological health issues (aOR: 2.137; 95% CI: 1.164 – 3.924). In addition, participants who felt overwhelmed by parental influence had a higher risk of having psychological health issues compared to participants who not felt overwhelmed by parental influence (aOR: 2.766; 95% CI: 2.275 – 6.598). Finally, the results showed that the participants who felt overwhelmed by society's influences have a higher chance of having higher risks of having high levels of psychological health issues compared to those who didn't feel overwhelmed by society's influences (aOR: 2.766; 95% CI: 1.743 – 4.398).

Table 3.9. Assess the main factors influenced with teenager's sociological health issues (No. 400).

Items	Univariate analysis				Multivariate analysis			
Class-level (Class 5+ vs. others)	OR	95% CI		p	OR	95% CI		p
Class 1	2.464	.608	9.976	.206	2.325	.618	8.746	.212
Class 2	2.323	.670	8.058	.184	2.267	.708	7.257	.168
Class 3	.902	.391	2.081	.808	.970	.437	2.154	.940
Class 4	1.054	.548	2.029	.874	1.072	.575	1.997	.827
Family type (Others Vs. nuclear and extended)								
Nuclear	3.373	.477	23.859	.223	3.404	.550	21.066	.188
Extended	3.329	.441	25.126	.244	3.407	.517	22.437	.202
Income level (Insufficient Vs. others)								
Sufficient	.281	.065	1.205	.087	.624	.224	1.738	.367

Barely sufficient	.333	.078	1.416	.136	.700	.234	2.098	.524
Fathers level of education (post graduate Vs. others)								
Unable to read and write	.355	.061	2.077	.251	.425	.107	1.691	.225
Able to read and write	.237	.040	1.387	.110	.380	.094	1.536	.174
Primary school graduate	.252	.049	1.294	.099	.286	.083	.991	.048
Secondary school graduate	.461	.086	2.475	.366	.506	.140	1.829	.299
Institute graduate	.721	.122	4.253	.718	.658	.166	2.605	.551
University graduate	.343	.060	1.964	.230	.338	.088	1.301	.115
Experienced parental neglect (No Vs. yes)								
Yes	4.954	2.356	10.421	<0.001	5.390	2.921	9.946	<0.001
Experienced physical bullying (No Vs. yes)								
	1.400	.808	2.423	.230	1.537	.927	2.549	.095
Age (Scale)	1.351	1.026	1.777	.032	1.366	1.055	1.770	.018
Height (Scale)	.972	.931	1.014	.184	.979	.945	1.014	.233
OR: odds ratio; aOR: adjusted odds ratio; CI: confidence interval; vs.: versus								

The Table 3.9 shown, the univariate ordinal logistic regression revealed the factors that were significantly associated with high sociological health issues, which were: experiencing with parental neglect compared with experiencing parental neglect (OR: 4.954). In addition, the results showed that the factors that were significantly associated with a high levels of sociological health issues, which were; age of the participants (OR: 1.351).However, the results of the multivariate ordinal logistic regression analysis showed that participants who their fathers graduated from primary school had a lower risk of having sociological health issues compared to participants that their fathers were post graduated (aOR: 0.286; 95% CI: 0.083 – 0.991). Furthermore, participants who experienced parental neglect compared with the participants who didn't experience parental neglect had a higher chance of having high risks of sociological health issues (aOR: 5.390; 95% CI: 2.921 – 9.946). In addition, older participants had a higher risk of having sociological health issues (aOR: 1.366; 95% CI: 1.055 – 1.770).

4. Discussion

According to socio-demographic characteristics of the study sample, the finding of this study determines that most of the participants were thirteen to nineteen years old, and the mean age was 16.37 years. shafi et al. (2023) conducted a study on school-aged teenagers aged 13 to 19 years, emphasizing the importance of this age group in measuring psychiatric morbidity. The majority of the participants belonged to nuclear families and resided in urban areas, this distribution may reflect broader demographic shifts associated with urbanization and modernization. In addition to physical constraints, financial needs, and shifting social norms associated with modernity, urban areas tend to promote smaller household structures. According to study conducted in North Africa fast urbanization has resulted in a considerable transition from extended to nuclear family homes (8).

Most of the participants thought their financial situation was sufficient, which might be attributed to the fact that many fathers were self-employed or working in government posts, both of which could provide reliable sources of money. While, a significant percentage belonged in the "barely sufficient" and "insufficient" categories as well. This is significant because economic sufficiency is frequently associated with improved access to healthcare, nutrition, and education, all of which can have an impact on both physical and mental health. Despite this apparent adequacy economic restraints indirectly affect adolescent well-being by restricting access to quality food, medical treatment, hygienic supplies, and educational resources.

The analysis showed that most of the fathers of the participants were working, either in government or self-employment, while the mothers were working as housewives. This may be attributed to cultural and educational barriers, whereby many girls are married at young age, which often ends their formal education and be part of the formal employment sector.

A large percentage of the mothers could neither read nor write, whereas the majority of the fathers had completed primary level. This level of educational disparity can have an impact on the quality of information that adolescent girls get about personal cleanliness, dietetics, mental health, and overall health. Findings show that the individuals' height and weight vary significantly, as expected during adolescence due to differences in age, growth stages, nutrition, and hereditary factors.

The participants also had psychological concerns. Approximately near half of the adolescent girls reported feeling uncomfortable following meals, which could be due to stress, worry, fear of weight gains in a society where looks are regularly criticized. A minority of the participants compared themselves to others on social media reflecting how online platforms may be impacting emotional stability. These findings illuminate nearly the same as those in the study done in Saudi Arabia by (9). While in another study results determine much higher prevalence of the respondents compared themselves on social media (10). The variations between different countries could be attributed to cultural and sociological factors such as how beauty standards are transmitted, and popularity of various social media platforms. Emotional distresses like depression, and worry about the future were evidenced by a high percentage of participants. The findings imply that psychological issues in female adolescent might be a result of body image dissatisfaction, some female teenagers worry about their future because they are unsure if they can go to university, and Many girls keep their problems inside because they are afraid of being judged or misunderstood. Social pressures from peers, restricted family communication and cultural stigma around mental health make it difficult for adolescents to communicate their emotions. Similar research conducted in Hamadan, Iran, whereas a high frequency of depression-related symptoms was also observed among female teenagers (11). These results show higher level than results in particular studies (12), (13) in which their results determine lower rate of depression among female teenagers. Variety of results among studies may be related to some of expected factors involved sample size, setting of the study and study design. Cultural variations have a big impact on how people describe and express emotional problems.

A majority of participants expressed feelings of loneliness and isolation. This occurs because many female students feel pressure from school and family to behave successfully in school and achieve excellent grades, which might make them feel alone even in a busy classroom. However, the prevalence revealed in the study prepared in Bangladeshi is higher than the current study's findings, both show a significant burden of loneliness among female teenagers (14). Although a study conducted in Indonesia founded a lower rate of persistent loneliness (15). These variations in the results might be correlated with different geographical location, study design, variations in culture, emotional expressions, and familial support all play a role.

Furthermore, social factors also uncovered problems of poor support and negative peer pressure. While a significant majority of the respondent indicated that they had a supportive friend or a trusted person to talk to, indicates that there is a significant amount of experienced social support among adolescents, which may come from strong cultural and social connections. Findings of the recent study were slightly contrary with study done by (16). Which emphasize the significant role of social support particularly from peers in teenagers' mental health. While in another study results reported a lower prevalence of peer support (17). The variation in results might be due to a different in sample size, geographical regions, and setting of the study, also cultural and social characteristic between study population.

Less than half of female adolescent experienced negative peer pressure in contrast, a moderate proportion of respondents said their friends did not have a negative influence on them. This finding closely aligns with the study done by (18). Moreover, while less than half of the participants characterized their family relationships as very supportive, and a small proportion of the participants saw them as very conflicted. These findings aligns closely with the study performed in Canada by (19), moreover another study in Norway found that teenagers were pleased with their relationships with their parents showing a high level of perceived family support (20). The differences in reported family support among teenagers across countries demonstrates how strongly cultural beliefs, and economic conditions affect family dynamics. Adolescents may feel more emotionally supported in communities with strong social institutions and open family communication.

More than half of respondents reported dissatisfaction with their body image, especially their skin, nose, hair, weight, and height. In Kurdish society, physical appearance especially for girls is often tied to social acceptance, marriage prospects, and family honor. This findings nearly

consistent with a study conducted in Southern Brazil by (21). Conversely, other research conducted in various sociocultural situations have reported lower prevalence rates, which might be due to cultural norms, age groups, setting of the study Specifically, a study conducted in the United Arab Emirates by (22).

Association between socio demographic characteristic and health issues:

There were direct and significant correlation between sociological problems and participants age (P=0.048). This could be due to increased social pressures as girls grow older, including expectations about marriage, and family roles. Cultural norms, economic problems, and educational barriers frequently worsen with age, causing increased social stress, loneliness, and conflict. The findings of recent study were in agreement with the result of the study implemented by (23) showed that sociological and emotional problems among adolescent girls worsen with age, particularly during the transition from early to mid-adolescence. This result contrasts with findings from a study done by (24).

Moreover, the research also shows that high psychological issues of participants were associated with current body image (P=<0.001). Influences on social media, and Pressure to fit into some beauty ideals seems to be taking a toll on the psychology of young girls, as evidenced by heightened feelings of inferiority and depression. The finding of current study was slightly in line with the study done by (25). In contrast, another study by (26) found no significant link between body image dissatisfaction and psychological problems.

High psychological issues of participants were associated participants who didn't satisfied with their skin (P=0.018). This finding supported by a study performed by (27) implying that skin dissatisfaction might lead to disordered eating habits. However, another study suggests that there is no direct link between psychological issues and skin dissatisfaction (28).

High psychological concerns were connected with people who were dissatisfied with their nose (P=0.02), this finding align with another study discovered that a significant proportion of people seeking rhinoplasty had mental health problems such as depression, anxiety, and body dysphoric disorder, indicate a strong relationship between mental health and dissatisfaction with nose (29). However, some studies contradict this association by revealing that dissatisfaction with nose appearance does not always indicate poor psychological wellness, and in certain circumstances, surgical correction can even increase mental well-being. A study from Brazil did not clearly emphasize nose dissatisfaction as a significant factor that causes psychological discomfort, implying that worries about specific bodily features like the nose may not always lead to psychological issues (30). The difference between unhappy feelings with the nose and psycho social troubles may be due to individual differences in personality, coping abilities, and social variables.

High levels of psychological problems were among participants who did not satisfied with their height. A study performed in China showed that teenagers who were dissatisfied with their height expressed increased degrees of loneliness. This link was mediated by higher social anxiety and lower social support (31). Conversely another study finding reported that there is no direct link between height dissatisfaction and psychological problems (32). Individuals react differently to height dissatisfaction, which accounts for the diversity in findings. Teenagers may be more affected by peer pressure and self-image difficulties. Personal characteristics such as self-confidence, as well as the methodology employed in the study (age group, country, or questions utilized), can all have an impact on the outcomes. High levels of psychological problems were among participants who didn't satisfied with their weight. Similarly, this finding was in line with the study conducted among teenagers in Korea investigated that there was a major effect of weight gain dissatisfaction on mental health (33). In contrast the study from China reported not direct relationship between psychological problems and weight dissatisfaction (34). The variations in findings could be attributed to factors such as age, gender, and culture. Weight dissatisfaction may be more harmful in societies that promote thinness, whereas body positive contexts may have less negative influence. Social media, support from relatives, and personal resilience all play important roll. Difference in methodology and sample size can have in impact on the outcomes.

The psychological issues were more likely in participants who said they were feeling overwhelmed by parental influence (P=<0.001). This finding was in line with a study that demonstrate that excessive parental psychological control is connected to higher anxiety and sadness in teenagers, particularly when expressed by teens themselves (35). Conversely, another study found that more parental participation was associated with fewer symptoms of sadness, anxiety, and post-traumatic stress in (36). Variations occur because not every parental influence is equal. When parents exert

too much control or pressure on their children, it can lead to stress and psychological issues. However, when parents are supportive and caring, their children feel safer and experience less stress.

The psychological issues were more likely in participants who said they were feeling overwhelmed by society's influence (P=<0.001). This agree with a study performed in Norway reported that strong societal pressure especially regarding appearances, academic achievement and social image was connected to greater level of sadness and self-harming among teenagers (37). Contrary, another study reported that there was no direct link between social pressure and psychological problems (38). Differences in study outcomes occur because not everyone responds to society in the same manner. Some people experience a lot of pressure from things like their appearance, school, or social media, which can contribute to stress and psychological problems. Furthermore, researches were conducted in many nations with distinct cultures and lifestyles, which can influence how people respond to societal pressure.

The psychological issues were more likely in participants who said they were feeling overwhelmed by peer pressure (P=0.019). Female adolescents are frequently exposed to severe pressure from their peers to look and behave in specific ways. These finding was supported by another study achieved by (39). While another study in South-China detected that peer pressure had a lower impact on mobile social media addiction among teenagers with strong self-esteem and a clear self-concept (40). This contrary among study could be attributed to disparities in self-esteem, personal identity, support from family members, and cultural background. Teens with high self-esteem or supportive family may be less susceptible to peer pressure.

The psychological issues were more likely in participants who said they were feeling overwhelmed by media influence (P=0.005). it was congruent with another study that reported students who often use social media reported higher level of stress, worry, as well as felling of inadequacy (41). These results were concordant with another study revealed that social media influence was not directly linked to mental health (42). The variations occur because the media does not touch everyone in the same manner. Some teenagers view good content, but others see things that make them feel horrible about themselves. Also, how much time individuals spend on social media and their own self-esteem can influence how they react.

regarding the associations between some factors and Sociological health issues were mainly attributed to adverse life experiences, high levels of sociological problems were among Female teenagers who didn't experiencing domestic violence (P=0.007). This finding was supported by a study performed in Nepal shows that significant psychological and sociological concerns can occur even in the absence of domestic violence (43). Conversely, another study in Turkey found that those who had been exposed to domestic violence had higher rates of disruptive behaviors, such as fighting and taking weapons to school, than their non-exposed counterparts (44).

High levels of sociological problems were among Female adolescents who didn't experiencing family conflict (P=<0,001). The result is found to be in congruent with a study conducted by (45) It discovered that even in families with low-conflict , teenagers can suffer from psychological or sociological problems due to a lack of emotional intimacy, inadequate connection, or daily pressures. While another study in China detected that higher levels of familial conflict are closely related to increased teenage psychological discomfort, showing that conflict is a significant driver, and teenagers without conflict should have less problems (46).

High levels of sociological problems were among participants who didn't experiencing parental neglect (P=<0.001). This result was determined to be in line with a study done by (47) which suggest that not all forms of neglect uniformly lead to sociological problems contrary, research conducted in western country found that neglect plays a significant role in sociological issues during adolescence (48).

High levels of sociological problems were among participants who didn't experiencing financial instability (P=0.013). This implies that financial stability alone may not be enough to protect adolescents from social or emotional difficulties. The findings of the current investigation are consistent with a study conducted by (23) reported that female teenagers from financially stable families had significant emotional and behavioral challenges, demonstrate that societal problems can occur even in the absence of financial stress. In contrast, another study found that financial instability has been shown to exacerbate sociocultural difficulties in adolescent girls. Participants related low mood and anxiety to academic stress, peer conflict, and social expectations, which were frequently exacerbated by financial difficulties (49).

High levels of sociological problems were among participants who didn't experiencing Physical bullying (P=0.001). this finding slightly in line with study performed by (37) suggest that even if female teenagers are not physically bullied, they might still experience high levels of sociological

issues as a result of other pressures. Contrary to the findings of the present study, which demonstrate that the absence of bullying is related with better mental health, implying that avoiding physical bullying may equate to lower levels of sociological difficulties (50).

High levels of sociological problems were among respondents who did experiencing verbal bullying(P=0.005). This aligns with a study done by (51) founded that verbal bullying was found to be substantially connected with negative peer connections, low self-esteem, and psychological discomfort, all of which contribute to sociological problems. Conversely, another study implies that verbal bullying does not always lead to societal problems, depending on the individual and surrounding factors (52).

Female teenagers who were dissatisfied with their weight had considerably more psychological health concerns. This is consistent with research showing that body dissatisfaction is a major contributor to adolescent mental health disorders such as sadness and anxiety. teenagers with a negative body image have lower self-esteem and experience more mental health issues (Peng et al., 2021).

Feeling overwhelmed by the influence of parents was significantly related with psychological issues. Parental psychological oversight and excessive protection might affect teenagers' emotional development, resulting in increased depression and anxiety disorders (Song et al., 2025). Positive parenting techniques that promote autonomy are vital for adolescents' mental health.

Societal influences also raised psychological health risks. Teenagers are frequently subjected to high social as well as cultural expectations, which are exacerbated by social media, causing anxiety and a sense of inadequacy. Parenting approaches and family support can mitigate these consequences, emphasizing the value of a supportive environment (Zhang, 2024).

The study found that suffering parental neglect was substantially associated with greater degrees of mental health difficulties. This finding is consistent with prior research that has highlighted the long-term effects of adverse childhood experiences (ACEs), notably neglect, on subsequent social and psychological well-being. Neglect during the early years may hinder social skill development, lead to feelings of loneliness, and make adolescents more vulnerable to sociological issues. A recent global assessment found that parental neglect is a strong predictor of adult social and mental health problems such as social retreat, low self-esteem, and inadequate interpersonal connections (Jackson et al., 2022).

Older female teenagers were shown to have a greater likelihood of sociological health problems. These results are consistent with data that as teenagers age, they may become more vulnerable to social isolation, parental dysfunction, or neglect, leading in increased sociological and psychological challenges. Age-related improvements in social awareness and responsibility may potentially increase susceptibility to the adverse effects of harmful home situations (Li et al., 2023).

However, respondents whose fathers had only completed from primary school had a reduced risk of mental health difficulties than those whose fathers had doctorate degrees. While higher parental education is usually associated with better child outcomes, current research reveals the connection is complex and may be influenced by parenting style, dynamics in the family, and expectations (Ruiz-Ortiz et al., 2024). For example, multiple studies have shown that higher paternal education can raise academic and social expectations on children, potentially leading to increased stress or interpersonal issues if not balanced with encouragement from parents (Ruiz-Ortiz et al., 2024; Li et al., 2023)**.**

5. Conclusion

Psychological problems were statistically associated with dissatisfaction regarding body image, especially concerning skin, weight, height, and shape of the nose. Those who felt pressured by parents, peers, society, and media were more likely to experience anxiety and depressive symptoms. Emotional well-being was highly determined by both external expectations and internal self-perception. Sociological challenges were not limited to those experiencing direct adverse events such as domestic violence or financial instability. Interestingly, even participants who had not experienced such hardships still exhibited high sociological distress. This suggests that adolescents may be affected by subtler issues such as lack of emotional support, unmet expectations, or insufficient communication within families.

Acknowledgments

I am greatly thankful to Almighty Allah for lighting my way and giving me the opportunity, ability, source of knowledge, and strength with .good health to complete my research work successfully

REFERENCES

1. Kanthi E, Johnson MA. Adolescence: An Overview of Health Problems. Indian Journal of Continuing Nursing Education. 2021;22(2):148-63.
2. Rahman MA, Kundu S, Christopher E, Ahinkorah BO, Okyere J, Uddin R, et al. Emerging burdens of adolescent psychosocial health problems: a population-based study of 202 040 adolescents from 68 countries. BJPsych open. 2023;9(6):e188.
3. Hidayati NO, Nurhalimah H, Suhendar I, Nurhidayah I. Description of body image among teenagers. Journal of Maternity Care and Reproductive Health. 2021;4(2).
4. Juul EML, Hjemdal O, Aune T. Prevalence of depressive symptoms among older children and young adolescents: a longitudinal population-based study. Scandinavian journal of child and adolescent psychiatry and psychology. 2021;9:64.
5. Silén Y, Keski-Rahkonen A. Worldwide prevalence of DSM-5 eating disorders among young people. Current opinion in psychiatry. 2022;35(6):362-71.
6. Kowalski RM, Wingate VS. Cyberbullying in children and adolescents. Cyberbullying and Values Education. 2023:13-29.
7. Mastorci F, Bastiani L, Doveri C, Trivellini G, Casu A, Vassalle C, et al. Adolescent health: a framework for developing an innovative personalized well-being index. Frontiers in Pediatrics. 2020;8:181.
8. Aref A, Fallentine A, Zahran S. The State of Urbanization, Demographic Changes, and Family Dynamics in Africa. Journal of Comparative Family Studies. 2024;54(3):283-97.
9. Auf AIAAI, Alblowi YH, Alkhaldi RO, Thabet SA, Alabdali AAH, Binshalhoub FH, et al. Social comparison and body image in teenage users of the TikTok app. Cureus. 2023;15(11).
10. Dahlgren CL, Sundgot-Borgen C, Kvalem IL, Wennersberg A-L, Wisting L. Further evidence of the association between social media use, eating disorder pathology and appearance ideals and pressure: a cross-sectional study in Norwegian adolescents. Journal of Eating Disorders. 2024;12(1):34.
11. Moeini B, Bashirian S, Soltanian AR, Ghaleiha A, Taheri M. Prevalence of depression and its associated sociodemographic factors among Iranian female adolescents in secondary schools. BMC psychology. 2019;7:1-11.
12. Alenzi GS, Suliaman AA. Prevalence and associated factor of depression symptoms among female secondary school students in Buraydah City, Saudi Arabia. Journal of family medicine and primary care. 2022;11(7):3808-15.
13. Abbasi LN, Hyasat A, Alsha'er A, Al Warawrah AM, Jaser G, Shelbayeh M, et al. Adolescent Depression Prevalence and Factors: A Jordanian Cross-Sectional Study. Cureus. 2024;16(1).
14. Islam MR, Apu MMH, Akter R, Tultul PS, Anjum R, Nahar Z, et al. Internet addiction and loneliness among school-going adolescents in Bangladesh in the context of the COVID-19 pandemic: Findings from a cross-sectional study. Heliyon. 2023;9(2).
15. Marthoenis, Dahlia, Nassimbwa J. Prevalence and factors associated with loneliness among Indonesian female adolescents: a cross-sectional study. BMC women's health. 2022;22(1):328.
16. Gordon K, Kutywayo A, Frade S, Naidoo N, Mullick S. Socio-demographic and social support factors related to substance use in South African in-school adolescents: Insights from the Girls Achieve Power (GAP Year) trial in three peri-urban settings. Gates open research. 2021;5:154.
17. Khan SR, Uddin R, Mandic S, Khan A. Parental and peer support are associated with physical activity in adolescents: Evidence from 74 countries. International journal of environmental research and public health. 2020;17(12):4435.
18. Namuwonge F, Kizito S, Ssentumbwe V, Kabarambi A, Magorokosho NK, Nabunya P, et al. Peer Pressure and Risk-Taking Behaviors Among Adolescent Girls in a Region Impacted by HIV/AIDS in Southwestern Uganda. Journal of Adolescent Health. 2024;74(1):130-9.
19. Zaborskis A, Kavaliauskienė A, Dimitrova E, Eriksson C. Pathways of adolescent life satisfaction association with family support, structure and affluence: A cross-national comparative analysis. Medicina. 2022;58(7):970.
20. Moen ØL, Hall-Lord ML. Adolescents' mental health, help seeking and service use and parents' perception of family functioning. Nordic Journal of Nursing Research. 2019;39(1):1-8.
21. Dell'Osbel R, Donatti T, Henn R, Cremonese C, Capp E, Gregoletto M. Parental practices, body dissatisfaction and weight control practices in female adolescents from public schools in southern Brazil. British Journal of Nutrition. 2021;126(3):470-80.
22. Alharballeh S, Dodeen H. Prevalence of body image dissatisfaction among youth in the United Arab Emirates: gender, age, and body mass index differences. Current psychology. 2021:1-10.
23. Hartas D, Kuscuoglu A. Teenage social behaviour and emotional well-being: the role of gender and socio-economic factors. British Journal of Special Education. 2020;47(3):329-49.
24. de Carvalho NA, Veiga FH, Martínez I, Veiga CM. Psychosocial development and student engagement in school: A study with girls and boys in early and late adolescence. Trends in Psychology. 2025:1-27.
25. Morán C, Victoriano M, Parra J, Ibacache X, Pérez R, Sánchez J, et al. Body dissatisfaction, self-esteem, depressive symptoms, and nutritional status in adolescents. Andes Pediatrica: Revista Chilena de Pediatria. 2024;95(1):69-76.
26. Krause L, Poulain T, Kiess W, Vogel M. Body image and behavioural and emotional difficulties in German children and adolescents. BMC pediatrics. 2023;23(1):594.
27. Parker JE, Enders CK, Mujahid MS, Laraia BA, Epel ES, Tomiyama AJ. Prospective relationships between skin color satisfaction, body satisfaction, and binge eating in Black girls. Body Image. 2022;41:342-53.
28. Hoseini-Esfidarjani S-S, Tanha K, Negarandeh R. Satisfaction with life, depression, anxiety, and stress among adolescent girls in Tehran: a cross sectional study. BMC psychiatry. 2022;22(1):109.

29. Shauly O, Calvert J, Stevens G, Rohrich R, Villanueva N, Gould DJ. Assessment of wellbeing and anxiety-related disorders in those seeking rhinoplasty: a crowdsourcing-based study. Plastic and Reconstructive Surgery–Global Open. 2020;8(4):e2737.
30. Linhares IS, Cardoso OdO, Andrade JX, Nascimento FFd, Rodrigues MTP, Mascarenhas MDM. Prevalence and factors associated with body image dissatisfaction among school student: National School Health Survey, 2019. Epidemiologia e Serviços de Saúde. 2024;33:e20231441.
31. Mo Q-zL, Bai B-y. Height dissatisfaction and loneliness among adolescents: the chain mediating role of social anxiety and social support. Current Psychology. 2023;42(31):27296-304.
32. Perkins T, Hayes S, Talbot D. Shorter women are more dissatisfied with their height: An exploration of height dissatisfaction in Australian women. Obesities. 2021;1(3):189-99.
33. Lee KH, Bong SH, Kang DH, Choi TY, Kim JW. Association between weight misperception and some mental health-related characteristics in Korean adolescents. Neuropsychiatric disease and treatment. 2020:3053-62.
34. Wang Z, Wang B, Hu Y, Cheng L, Zhang S, Chen Y, et al. Relationships among weight stigma, eating behaviors and stress in adolescents in Wuhan, China. Global Health Research and Policy. 2020;5:1-9.
35. Salaam B, Kyere E. Parental psychological control and youths' internalizing symptoms in majority world contexts: A meta-analysis. Journal of Family Psychology. 2025.
36. Ding F, Jia Y, Xiong X, Chen P, Xiong S, Cheng G. The protective role of parental involvement at home in negative psychological outcomes among Chinese adolescents during the COVID-19 epidemic. Journal of Affective Disorders. 2022;308:123-9.
37. Stea TH, Bonsaksen T, Smith P, Kleppang AL, Steigen AM, Leonhardt M, et al. Are social pressure, bullying and low social support associated with depressive symptoms, self-harm and self-directed violence among adolescents? A cross-sectional study using a structural equation modeling approach. BMC psychiatry. 2024;24(1):239.
38. Valkenburg PM, Meier A, Beyens I. Social media use and its impact on adolescent mental health: An umbrella review of the evidence. Current opinion in psychology. 2022;44:58-68.
39. Schlagbaum P, Tissue JL, Sheftall AH, Ruch DA, Ackerman JP, Bridge JA. The impact of peer influencing on adolescent suicidal ideation and suicide attempts. Journal of psychiatric research. 2021;140:529-32.
40. Xu X, Han W, Liu Q. Peer pressure and adolescent mobile social media addiction: Moderation analysis of self-esteem and self-concept clarity. Frontiers in public health. 2023;11:1115661.
41. Safitri D, Arina R, Yuli A, Candra C, editors. The Effect of Media Exposure on Student Mental Health. Proceedings of the International Conference on Education; 2023.
42. Blackwell CK, Mansolf M, Rose T, Pila S, Cella D, Cohen A, et al. Adolescent Social Media Use and Mental Health in the Environmental Influences on Child Health Outcomes Study. Journal of Adolescent Health. 2025.
43. Bista B, Thapa P, Sapkota D, Singh SB, Pokharel PK. Psychosocial problems among adolescent students: an exploratory study in the central region of Nepal. Frontiers in public health. 2016;4:158.
44. Oğuztürk Ö, Demir N, Bülbül S, Türkel Y, Ünlü E. Exposure to domestic violence and its effects on adolescents: A survey among Turkish students. Journal of child and adolescent psychiatric nursing. 2019;32(4):210-9.
45. Fosco GM, Lydon-Staley DM. Implications of family cohesion and conflict for adolescent mood and well-being: Examining within-and between-family processes on a daily timescale. Family process. 2020;59(4):1672-89.
46. Jin Y, Liu J, Li P, Hu Y, Hong X, Li X, et al. Longitudinal associations between family conflict, intergenerational transmission, and adolescents' depressive symptoms: evidence from China Family Panel studies (2016–2020). Child and Adolescent Psychiatry and Mental Health. 2025;19(1):10.
47. Schiff M, Auslander WF, Gerke DR. Child maltreatment, mental health, and self-reported health among adolescent girls in child welfare: mediating pathways. Journal of Child & Adolescent Trauma. 2023;16(3):759-71.
48. Haslam Z, Taylor EP. The relationship between child neglect and adolescent interpersonal functioning: A systematic review. Child Abuse & Neglect. 2022;125:105510.
49. Demkowicz O, Jefferson R, Nanda P, Foulkes L, Lam J, Pryjmachuk S, et al. Adolescent girls' explanations of high rates of low mood and anxiety in their population: a co-produced qualitative study. BMC Women's Health. 2025;25:49.
50. Zhao N, Yang S, Zhang Q, Wang J, Xie W, Tan Y, et al. School bullying results in poor psychological conditions: evidence from a survey of 95,545 subjects. Frontiers in psychology. 2024;15:1279872.
51. Nedumpully NN, Praharaj SK, Rai S. Experiences, perceptions and attitudes toward bullying among school-going adolescents: A cross-sectional study from South India. Journal of Child & Adolescent Trauma. 2024;17(3):1-12.
52. Salmivalli C, Laninga-Wijnen L, Malamut ST, Garandeau CF. Bullying prevention in adolescence: Solutions and new challenges from the past decade. Journal of research on adolescence. 2021;31(4):1023-46.